



Data Consortium:

*Leveraging Kansas health data to
advance health reform via data-driven
policy*

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Objective for Today

Testimony to the JCHPO on the health and health care measures and indicators recommended by the Data Consortium

Background

Formation of the Data Consortium

- Chartered by the Board in April 2006 to:
 - Guide KHPA in the management of programmatic and non-programmatic health data
 - Ensure continued public support and investment in the use of this data to advance health policy
 - Disseminate this wealth of data, in partnership with stakeholders
 - Ask and answer important health policy questions pertaining to:
 - Access to health care
 - Affordability of health care
 - Quality of health care
 - Health status of Kansans

Data Consortium Membership

- Executive Director of the Health Policy Authority or designee (Chair)
- Kansas Department of Health and Environment (KDHE)
- Department of Social and Rehabilitation Services (SRS)
- Kansas Insurance Department (KID)
- University of Kansas Medical Center (KUMC)
- University of Kansas Medical Center-Wichita (KUMC-Wichita)
- Kansas Health Institute (KHI)
- Kansas Foundation for Medical Care (KFMC)
- Kansas Medical Society (KMS)
- Kansas Hospital Association (KHA)
- Kansas Association of Osteopathic Medicine (KAOM)
- Kansas Mental Health Association
- Kansas Association for the Medically Underserved (KAMU)
- Kansas State Nurses Association (KSNA)
- American Association of Retired Persons (AARP)
- Kansas Public Health Association (KPHA)
- Kansas Health Care Association (KHCA)
- Kansas Association of Homes and Services for the Aging (KAHSA)
- Two self-insured employers appointed by Kansas Chamber of Commerce and Industry:
 - >> Hills Pet Nutrition
 - >> Lawrence Paper Co.
- Two insurance carriers:
 - >> Coventry
 - >> Blue Cross Blue Shield of Kansas (BC-BS)

Data Consortium Charge

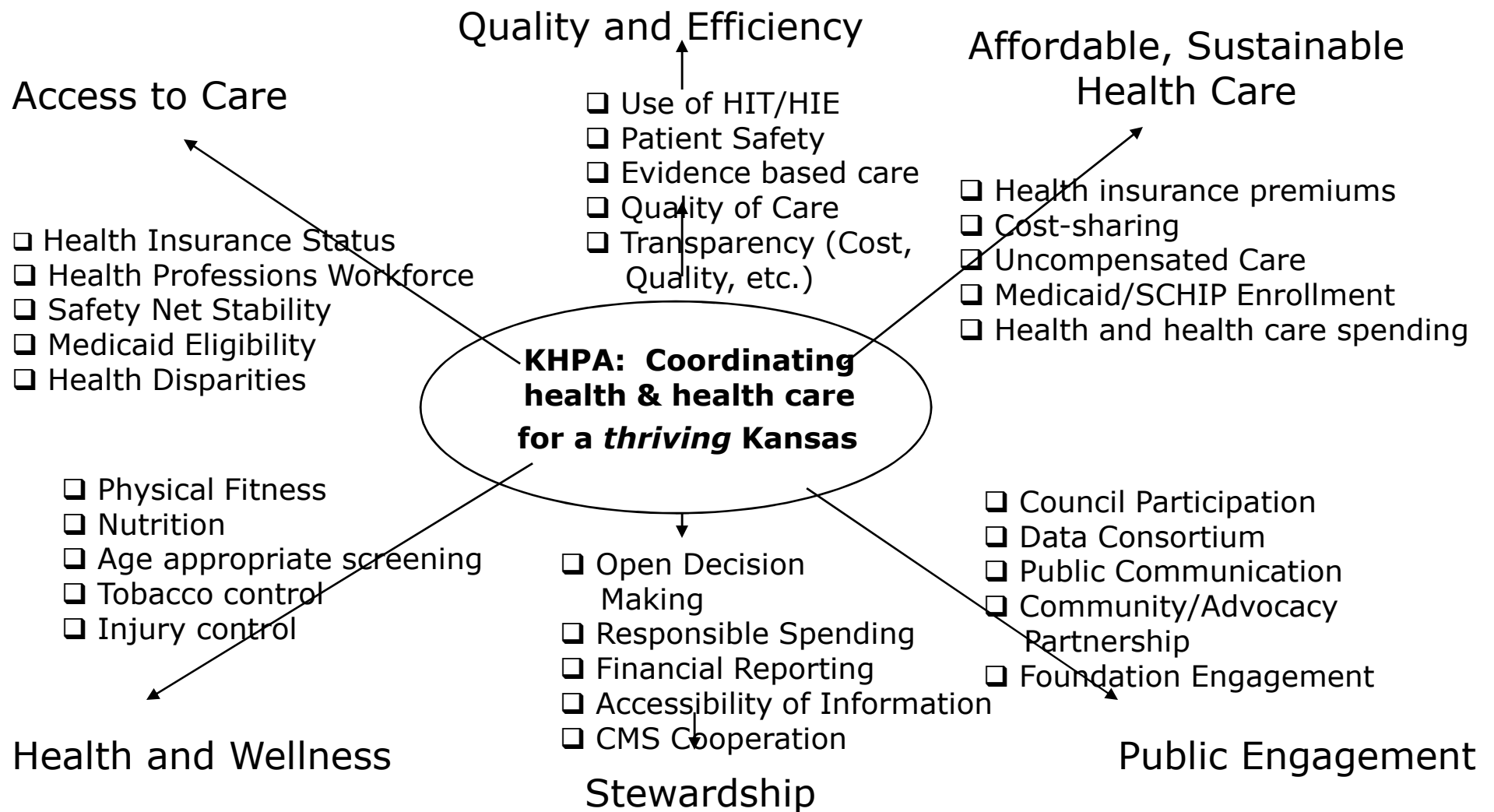
To serve as a multi-stakeholder public advisory group to the KHPA Board with the following specific responsibilities:

- **Make recommendations** regarding the scope of the Authority's responsibilities for managing health data;
- **Recommend reporting standards** and requirements for non-programmatic data owned or managed by the Authority;
- **Craft data use policy recommendations** governing access to health information by external users;
- **Recommend empirical studies and evaluations** supporting the goals and objectives of the Authority;
- **Provide input on health and health care data initiatives** in other organizations and agencies;
- **Develop recommendations for public reporting standards** for consumers, health care providers and other health care organizations.



Vision Principles & Health Indicators

- Adopted by the Board in 2006
- Provides governance and operational direction to the Board
- Provides guiding framework to analyze health reform options
- Provides “yardstick” to measure over time improved health in Kansas



<u>SRS</u>	<u>KDHE</u>	<u>KDOA</u>	<u>KID</u>
<ul style="list-style-type: none"> •Mental Health • LTC for Disabled •Substance Abuse 	<ul style="list-style-type: none"> •Health Promotion •Child, Youth & Families •Consumer Health •Health & Envir. Statistics •Local & Rural Health 	<ul style="list-style-type: none"> •Aged •Institutional Care •Community Care 	<ul style="list-style-type: none"> •Private Health Insurance •Business Health Partnership

Process

Strategy

- Member organizations chose a list of 20 or so measures (mostly from national standard measures) each based on anticipated value to policy makers and consumers.
- Master list compiled by combining these measure recommendations reflecting a balanced mix of organizational perspectives
- The suggested data sources were then researched and the grid of criteria populated
- Tiers assigned based on data availability and integrity
- Prioritization based on combinations of criteria or by voting

Measure Prioritization:

3 Tier Classification

- Tier 1: The measure is computed routinely; data exists and has been checked for integrity
- Tier 2: Data is collected routinely as part of a database, but not checked for integrity
- Tier 3: Data required for the measure is not currently collected

Membership and Activity at a Glance *(All workgroups)*

Workgroup	Led by	Members	Dates Met
Access to Care	KHPA	KHPA, Lawrence Paper Co., KUMC-Wichita, KPHA, KAMU, BC-BS, KUMC, KHA, KDHE, KFMC, KMS, SG Co. Health Dept., AARP, CMFHP	3/19/08, 4/16/08, 05/14/08, 07/01/08, 08/05/08
Quality & Efficiency	KFMC	KFMC, KHPA, KPHA, SG Co. Health Dept., BC-BS, St. Luke's Health Systems, KAHSa, KUMC-Wichita, KDHE, KMS, KHA, KHCA, KSNA, AARP, KDOA, WBCHC	3/12/08, 4/3/08, 5/21/08, 07/16/08, 08/19/08
Health & Wellness	KDHE	KDHE, KHPA, Lawrence Paper Co., KPHA, BC-BS, KFMC, KMS, KHI, KHA, AARP, KUMC	4/9/08, 7/2/08, 8/14/08
Affordable, Sustainable Health Care	KHI	KHI, KHPA, SRS, KID, KAMU, Coventry, Lawrence Paper Co., BC-BS, KPHA, KUMC-Wichita, KHA, KDHE, KFMC, KMS, WBCHC	3/26/08, 4/22/08, 6/2/08, 7/9/08, 08/19/08

Thanks to Workgroup Leads & Members !

- Affordable, Sustainable Health care:
Gina Maree (KHI)
- Health & Wellness:
Paula Marmet/ Ghazala Perveen (KDHE)
- Quality and Efficiency:
Larry Pitman (KFMC)
- Access to Care:
Hareesh Mavoori/ Andy Allison (KHPA)

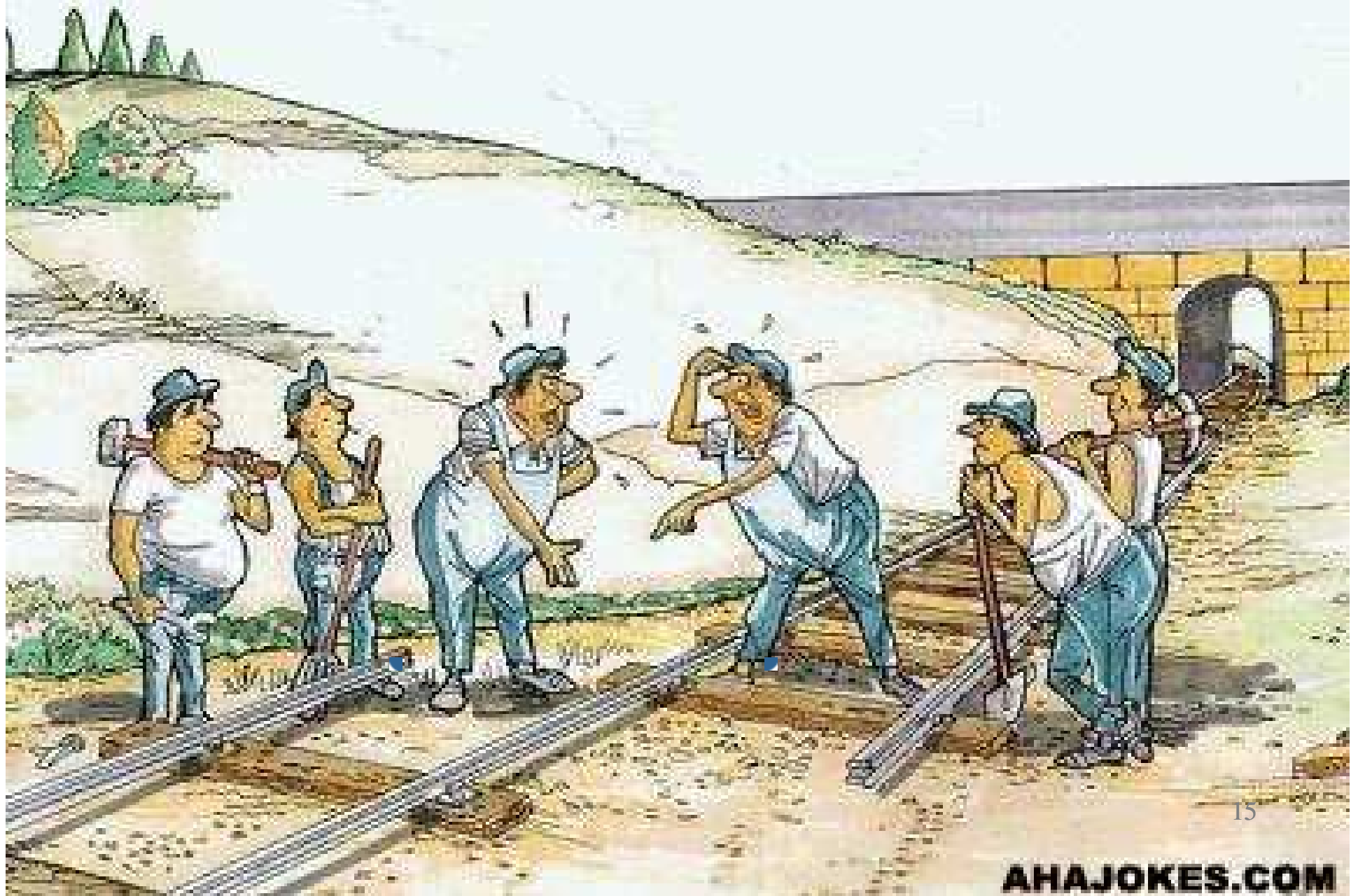
***Complete Workgroup member listings are on
the KHPA Data Consortium Web site***

(<http://www.khpa.ks.gov/KHPADataConsortium/default.htm>)

Data Consortium Activity

- Data Consortium met 6 times over a one-year period:
 - October 2, 2008
 - August 20, 2008
 - July 15, 2008
 - April 30, 2008
 - February 20, 2008
 - December 18, 2007
- 18 workgroup meetings in 2008
- 90+ individuals representing 22+ key health industry stakeholder organizations
- Routine updates on workgroup activity by leads for feedback from parent committee → Iterative process
- Updates on state data initiatives (e.g. e-Health Advisory Council, Medical Homes, State Quality Initiative, Data Analytic Interface, etc.) to ensure coordination of activities

Team Work



Recommendations

Characteristics of Measures/Indicators being Recommended

- Aligned with national standards (E.g. Healthy People 2010 used as default; Measures chosen from standard national datasets)
- Attempt to include Kansas health reform proposals: e.g. Medical homes, Oral health, Tobacco cessation
- Proactive strategy (Deming: “If you continue to do what you have always done, you will get what you have always gotten”)
- Data → Information → Knowledge → Wisdom (“You can not improve what you can not measure”)

Data Consortium Work Products

- 96 Tier I recommendations:

<u>Vision Principle</u>	<u>Measures</u>	<u>Indicator Groups</u>
• Access to Care:	21	8
• Health & Wellness:	33	14
• Quality & Efficiency:	23	8
• Affordability & Sustainability:	19	5

- Deferred list of Tier II and III measures
- Default categories as needed for reporting

What next?

- ***Compilation of data from the recommended data sources for the measures has started***
- ***Kansas State Dashboard based on these measures and indicators to be launched in January 2009***
- ***Most recent data available will be used along with historic data to show baseline trends***
- ***Public reporting is just the beginning.***
- ***Need to be supported by:***
 - ***Evidence-based interventions both at policy and practice level***
 - ***Appropriate incentives for all stakeholders***



<http://www.khpa.ks.gov/>